

**AUTHORIZATION FOR
ELECTRONIC FUNDS TRANSFER (EFT)
FOR TAX PAYMENTS**

EFT Number

To be assigned by Department of Revenue

Taxpayer Name	Contact Person	<input type="checkbox"/> Set Up Account <input type="checkbox"/> Modify Account <input type="checkbox"/> Change Bank Account Number <input type="checkbox"/> Change Bank Transit and Routing <input type="checkbox"/> Add Taxes
Mailing Address (Street Number, Apt. Number, Box Number)	FEIN or Social Security Number	
	Telephone Number ()	
Mailing Address (City, State, ZIP)	Fax Number ()	
Email Address		

TAXES TO BE PAID BY EFT TRANSACTIONS.
Must be completed for either ACH debit or ACH credit.
See listing of taxes and tax type codes on reverse side

TAX TYPE	TAX TYPE CODE	YOUR DOR ACCT #

COMPLETE SECTION 1 AND/OR 2

Section 1-ACH Debit *

☐ **ACH debit** - taxpayer calls a toll free number or selects the payment option on our Web page.

I hereby authorize the Colorado Department of Revenue, hereinafter called DOR, pursuant to my instructions, to initiate debit or credit entries to my account and the bank named below, hereinafter called BANK, to debit or credit the same to such account. This authority is to remain in full force and effect until DOR and BANK have received written notification from me of its termination in such time and in such manner as to afford DOR and BANK a reasonable time to act on it. The use of an EFT identification number and password will be required to convey my instructions for each transaction. The EFT identification number and password may be used by me or by my agent.

Bank Account Number	Transit/Routing Number (See reverse)	Type of Account <input type="checkbox"/> Saving <input type="checkbox"/> Checking <input type="checkbox"/> Electronic	Kind of Account <input type="checkbox"/> Business <input type="checkbox"/> Consumer	Bank Account Name (Not Name of Bank)
Authorized Signature		Title		Date

***A voided check for the bank account indicated above MUST accompany this application.**

Section 2 - ACH Credit

☐ **ACH credit** - taxpayer initiates through own bank.

I have contacted my bank and confirmed the bank can initiate Automated Clearing House credit transactions that meet Colorado Department of Revenue, hereinafter called DOR, requirements. For verification, the DOR may contact:

Name of Bank	Bank Contact Person	Telephone Number
--------------	---------------------	------------------

I hereby request DOR grant authority for the above named taxpayer to initiate Automated Clearing House credit transactions to DOR's bank account. I understand these must be in the NACHA CCD+ format using the Tax Payment (TXP) Convention and may only be initiated for the tax types that have been registered for EFT payments with DOR.

Authorized Signature	Title	Date
----------------------	-------	------

Please return application to: Colorado Department of Revenue, CDO Research, 1375 Sherman Street, Denver CO 80261
or Fax to (303) 866-3112

ADDENDUM TO AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT) FOR TAX PAYMENTS

TAX TYPE	TAX TYPE CODE		TAX TYPE	TAX TYPE CODE
Cigarette	072		PUC Fixed Utilities Fee*	204
Consumer Use	045		Retailer's Use	044
County Lodging	074		Sales	042
Fuel Distributors	052		Sales Tax License Renewal	242
Gaming Tax	141		Severance:	
Garnishments	208		Estimated Oil Shale*	08102
IFTA	059		Oil Shale Tax Return	08103
Income:			Estimated Oil, Gas, & CO ₂ *	08402
Individual	01304		Oil, Gas, & CO ₂ Tax Return	08403
Individual Estimated*	01204		Estimated Coal*	08502
Individual Extension*	01404		Coal Tax Return	08503
Corporation	01312		Estimated Metallic Minerals*	08602
Corporation Estimated*	01212		Metallic Minerals Tax Return	08603
Corporation Extension*	01412		Molybdenum Tax Return	08613
Fiduciary	017		Severance Withholding*	01180
Income Withholding*	011		Severance Withholding Annual Reconciliation	01181
Annual Reconciliation of Income Tax Withheld	01102		Tobacco Products	073
Backup Gaming Withholding*	01114		Agreement to Pay	210
Liquor Excise	065			
LPG Inspection Surcharge	0531			
Passenger Mile	0532			

***Do not file a tax return for these tax payments, the EFT transaction is the filing.
For all other tax payments, a tax return is required.**

Depositor Account Information

Sample Check:

2259

880

19

23-7
1020

Pay to the order of:

Anytown Bank Center, 1A Street, Anytown USA 80000
Anytown Bank
 National Association (303) 000-0000

VOID

For _____

⑆ 10200 1017 ⑆ 101 234567 ⑆ 2259

↑
 Transit and Routing Number (9 digits)
 102001017

↑
 Bank Account Number
 1011234567

↑
 Check #